



Business Management Assessment

Missouri Department of Health & Senior Services

2014-2015 Program Year

New Application

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For the purposes of this form, “**Contractor**” is an individual or legal entity that has entered into a legal, binding agreement with the Missouri Department of Health & Senior Services (MDHSS) to operate under the authority of 7CFR 225— Summer Food Service Program (SFSP).

Sponsor (Contractor) Demographic Information

- (1) Contractor Name:
- (2) ☐ Yes ☐ No The Contractor's business name is registered with the Missouri Secretary of State.
If **Yes**, enter Contractor's Charter Number:
- (3) Federal Taxpayer Identification Number:
- (4) Business Type:
- ☐ Government/Political Subdivision
 - ☐ Institution of Higher Education
 - ☐ For Profit Corporation/Organization
 - ☐ Nonprofit Corporation/Organization
- (5) **For nonprofit organizations only:** The Contractor's business:
- ☐ Is a major nonprofit organization
“Major nonprofit organizations are those which receive more than \$10 million in direct Federal funding.”
(2CFR 200.414(a))
 - ☐ Is **not** a major nonprofit organization

Street Address

(6)

Responsible Individual

(7) **Name:**

(8) **Title:**

(9) **E-mail:**

(10) **Phone:**

Financial Contact

(12) **Name:**

(13) **Title:**

(14) **E-mail:**

(15) **Phone:**

(11) **Fax:** (16) **Fax:** **Fiscal Information**

- (17) ☐ Yes ☐ No OMB Single Audit was conducted on the Contractor within the last three years.
Explain if **"No"**:

- (18) ☐ Yes ☐ No The Contractor has a fund accounting computer system or other methodology (such as a manual recordkeeping process) capable of producing accurate, current and complete disclosures meeting financial reporting requirements for each Federally funded program in which Contractor participates. Explain if **"No"**:

- (19) The Contractor's financial management system or methodology referenced in question (18) is capable of tracking Federal pass-through funds received from MDHSS and identifying the following:
Explain any **"No"** answers below:

- (19A) ☐ Yes ☐ No Catalog of Federal Domestic Assistance (CFDA) Title and Number
 (19B) ☐ Yes ☐ No Federal award identification number and year
 (19C) ☐ Yes ☐ No Name of the original Federal funding agency
 (19D) ☐ Yes ☐ No Name of the pass-through entity (i.e., Missouri Department of Health & Senior Services)

- (20) ☐ Yes ☐ No The Contractor has written procedures ensuring all transactions are recorded in a timely, accurate manner and transaction records identify the source and use of the Federal funds.
Explain if **"No"**:

- (21) The Contractor's written policies and procedures include sections for: Explain any **"No"** answers below:

- (21A) ☐ Yes ☐ No Ethics and Professional Conduct
 (21B) ☐ Yes ☐ No Personnel
 (21C) ☐ Yes ☐ No Accounting Transactions

- (21D) ☐ Yes ☐ No Payments
- (21E) ☐ Yes ☐ No Allowability of Costs
- (21F) ☐ Yes ☐ No Property and Equipment
- (21G) ☐ Yes ☐ No Records Retention
- (21H) ☐ Yes ☐ No Purchasing/Procurement

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- (22) ☐ Yes ☐ No The Contractor's written purchasing policies and procedures specify code of conduct standards requiring all employees, officers (and their immediate families) or affiliates not to solicit or accept gratuities, favors, or anything of monetary value from contractors or potential contractors. Explain if **"No"**:

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- (23) ☐ Yes ☐ No The Contractor's written purchasing policies and procedures establish conflict of interest standards in fact and appearance. Explain if **"No"**:

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- (24) ☐ Yes ☐ No The Contractor had a change in principal management within the past 12 months. Explain if **"Yes"**:

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- (25) ☐ Yes ☐ No The Contractor substantially changed or implemented a new management system (personnel, financial, information technology, etc.) within the past 12 months. Explain if **"Yes"**:

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- (26) ☐ Yes ☐ No The Contractor's financial statements have been audited by an independent certified public accountant (CPA) within the past two years. Explain if **"No"**:




(27) ☐ Yes ☐ No Check **Yes** if the Contractor's written policy establishes a financial segregation of duties listed below. Otherwise, check **No** and provide an explanation for each **No** answer:

- Authorizing transactions;
- Processing and recording transactions;
- Reviewing transactions;
- Processing related assets, such as cash or equipment.




(28) The Contractor uses the following comprehensive basis of accounting for its financial statements: 

- ☐ Accrual Basis
- ☐ Cash Basis
- ☐ Modified Cash Basis

If the Contractor has a Federal indirect cost (IDC) rate, please email a copy of the negotiated IDC rate agreement by sending an email to monitoring@health.mo.gov, with a subject "Negotiated IDC Rate Agreement." For information regarding negotiated indirect cost rates, please refer to 2CFR 200, Appendix III, IV, or V as applicable.



For Profit Corporations and Nonprofit Corporations Only

All corporations, including nonprofit corporations and professional corporations, complete the questions in this section. Refer to the [Missouri Secretary of State's website](#) for more information on corporate filing requirements. Business organizations that are not corporations may skip the questions in this section.

(29) ☐ Yes ☐ No Has the Contractor filed an annual registration report within the last year with the Missouri Secretary of State's Office? Explain if "**No**":




(30) ☐ Yes ☐ No Is the Contractor's corporation currently in good standing with the Missouri Secretary of State's Office? Explain if "**No**":

(31) ☐ Yes ☐ No Did the Contractor have at least one board meeting last year? Explain if "**No**":

(32) ☐ Yes ☐ No Does the Contractor maintain minutes of all its board of director's meetings?

Explain if “No”:

Certification

(33) ☐ I certify in submission of this electronic form to the Bureau of Community Food and Nutrition Assistance of the Missouri Department of Health and Senior Services the following:

- The information on this form is true and correct to the best of my knowledge.
- I understand that this information is being given in connection with the receipt of Federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

(34) General Comments:

(35) Submitter Name:

(36) Submitter Title:

(37) Submitter Phone Number:

(38) Submitter Email Address:

Created By:

Date Created:

Modified By:

Date Modified:

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